To:

Technology Center 2192

Facsimile Number: 571.273,8300

Total Pages Sent 18

From:

Rodney M. Anderson

Anderson, Levine, and Lintel

(fax) 972.664.9606 (voice) 972.664.9554

RECEIVED **CENTRAL FAX CENTER**

OCT 0 6 2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Hunter et al. (TI-31599)

Serial No. 09/998,755

Filed: December 3, 2001

Conf. No. 6452

Group Art Unit: 2192

Examiner: Yigdall

For: Transparent Shared Memory Access in a Software Development System

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the U.S. Patent and Trademark Office at 571,273,8300 on the date shown below:

Rodney M. Anderson

October 6, 2005

Date

FACSIMILE COVER SHEET

X FACSIMILE COVER SHEET

FEE TRANSMITTAL (1 page + duplicate)

DECLARATION

ASSIGNMENT

FORMAL DRAWINGS

INFORMAL DRAWINGS

CONTINUATION APP'N

DIVISIONAL APP'N

X REQUEST FOR RECONSIDERA-TION UNDER RULE 116 (4)

pages)

EOT (1 page + duplicate)

TERMINAL DISCLAIMER (2 pages)

STATEMENT UNDER 37 C.F.R. §3.73(b), with copy of assignment

(7 pages)

This facsimile is intended only for the use of the address named and contains legally privileged and/or confidential information. if you are not the intended recipient of this telecopy, you are hereby notified that any dissemination, distribution, copying or use of this OCT OF TOOS communication is strictly prohibited. Applicable privileges are not waived by virtue of the document having been transmitted by Facsimile. Any misdirected facsimiles should be returned to the sender by mail at the address indicated on this cover sheet.

Texas instruments incorporated PO Box 655474, M/S 3999 Dallas, TX 75074

RECEIVED **CENTRAL FAX CENTER**

PTO/SB/17 (12-0 QCT 0 6 2005

Approved for use through 07/31/2006. OMB 0551-0032

U.S. Patent end Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it disclause a reliable OMB contact.

	ctive on 12/08/2		ATEG TO TE	aspond to a collection of information unless it displays a valid QMH control number Complete if Known							
	lated Approprietions Act, 2005 (H.R. 4818). ANSMITTAL r FY 2005			Application Nu	<u></u>						
						/988,765					
							ember 3, 2001				
1-0	1	F1 2005				Hunter					
Applicant claims sma	Il entity status	See 37 CFR 1.2	7	Examiner Nam		dall					
TOTAL AMOUNT OF PAY	MENT (\$)	120		Art Unit	219						
TOTAL AMOUNT OF FA	(4)	130		Attorney Docke	t No. TI-3	31599					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 20-0668 Deposit Account Name: Texas Instruments Incorporate											
For the above-ident	lified deposit a	ccount, the Direct	or is hen	eby authorized to	: (check all th	at apply)					
Charge fea(s) indicated below Charge fee(s) Indicated below, except for the filling fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
Information and authorization on PTO-2038.											
FEE CALCULATION											
1. Basic filing, Seai											
	FILING F	nali Entity	SEAR	CH FEES Small Entity		TION FEES					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEE	ES					- 4	Small Entity				
Fee Description Each claim over 20 (i	including De	ierupo)				Fee (\$) 50	Fee (\$) 25				
Each independent cla	100										
Multiple dependent c	180										
Total Claims	Fee	Paid (\$)		Multiple D	ependent Claims						
- 20 or HP =	-	X	=			Fee (\$)	Fee Paid (\$)				
HP = highest number of total Indep. Claims	Extra Claims	-	Fee I	Pald (\$)							
-3 or HP =		- x	=_								
HP = highest number of indep 3. APPLICATION SIZE		ald for, if greater the	n 3.								
If the specification and	drawings ex										
listings under 37 CI	R 1.52(e)), i	the application s	ize fee	due is \$250 (\$	125 for sma	ll entity) for	each additional 50				
sheets or fraction th	Extra Sheets	S U.S.C. 41(a)(. Number	of each	additional 50 o	o(8). <u>r fraction the</u>	reof Fee	(\$) Fee Paid (\$)				
100 =		/50=		(round up to a w			=				
4. OTHER FEE(S) Non-English Specific	Fees Paid (\$)										
Other (e.g., late filing surcharge): Statutory Disclotmer. \$130 (see 13											
UBMITTED BY	- <										
ignature ,	4			egistration No. 3	1,939	Telepho	ne 972.664.9554				
me (Print/Tyne) Rodney M. Anderson					,,303	Date 6 Oct 2005					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED CENTRAL FAX CENTER

OCT 0 6 2005

Under the P	anerwork Raduction	Act of 199	5 no persons are re	of banko	U.S. Pate			PTO/SB/17 (12-04v) ugh 07/31/2008. OMB 0564-909 DEPARTMENT OF COMMERCI lava a valid OMB control harmy	
Effective on 12/02/0004					Complete If Known				
Fees pursuent to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number 09/988,75					
FEE TRANSMITTAL				Filing Date	1	December 3, 2001			
For FY 2005					First Named In		Hunter		
- Anniina		Examiner Nam	e Y	Yigdali					
Applica	ni ciaims smail en		s. See 37 CFR 1.	.27	Art Unit		192		
TOTAL AM	OUNT OF PAYME	NT (\$	130		Attorney Docke		1-31599		
METHOD	OF PAYMENT (check al	that apply)						
Check	Credit Car	, <u> </u>							
		u	Money Order	Non	e L_lOther (please identi	fy):		
Deposit	Account Depo	sit Accoun	t Number: <u>20-06</u> (68	Deposit A	occunt Name	Texas Instr	uments Incorporated	
			occount, the Direc	tor is hen	aby authorized to	: (check all	that apply)		
	Charge fee(s) Ind				Charg	e fee(s) ind	licated below, ex	xcept for the filing fee	
\checkmark	Charge any addit under 37 CFR 1.1	ional fee(s) or underpayme	ents of fee	—	апу очелра			
WARNING: Info	emation on this for	m may be	omme muhlle Occall	t card info	Amation should no	t be include	ed on this form, P	rovide credit cerd	
FEE CALC		710-2038.		···					
1. BASIC F	Ling, Search	I, AND E	XAMINATION I						
A1141-	_	Sr	nali Entity	SEARC	CH FEES Small Entity		ATION FEES Small Entity		
Application		69 (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (5)	
Utility	_	00	150	500	250	200	100		
Design	2	:00	100	100	<i>5</i> 0	130	65		
Plant	2	00	100	300	150	160	80		
Reissue	3	00	150	500	250	600	300		
Provisions	-	00	100	0	o ·	0	0		
2. EXCESS	CLAIM FEES				•	•	•	Small Entity	
Fee Descrip	<u>non</u> 1 over 20 (inclu	dina Dai					<u>Fee (\$)</u>	Fee (\$)	
Each inde	cendent claim o	ung Kel	ssues) cluding Reissue				<i>5</i> 0	25	
Multiple d	ependent claims	* CL J (III	Summing Keissele	58 <i>)</i>			200	100	
Total Claims		a Cialma	Fee (\$)	Foo D	ald (\$)		360	180	
	· 20 or HP =		Y	=	alu (4)			pendent Claims	
HP = highest n	umber of total claims		f greater than 20.				Fee (\$)	Fee Paid (\$)	
Indep, Claims	<u>Extr</u> 3 orHP=	<u>a Claims</u>		Fee Pa	ald (\$)			. ———	
HP = highest no	or ne = Imber of Independen	t dalme ne	X = aid for, if greater than		 ,			•	
13. APPLICAT	ION SIZE FFF				•				
If the specifi	cation and draw	ings exc	ecd 100 sheets	of paper	(excluding ele	ctronically	y filed sequence	ce or computer	
nomika n	uder 3 / CPR 1	02(e)), ti	ne application si	ize fee d	ue is \$250 (\$12	75 for ema	ll entity) for e	each additional 50	
Jotal Shee	mercion meteor	. See 35 a Sheets	LUSIC ARANI	Mithano	1 37 CFR 1.16(dditional 50 or f	~)			
	100 =		/ 50 =	(r	ound up to a who	ole number)	<u>reof</u> <u>Fee (\$</u>) x	Fee Paid (\$)	
4. OTHER FEE	(S) sh Specification	6120	£ (19	.4. 10		•		Fees Paid (\$)	
			fee (no small er	unia cis	count)		•		
	vere runig anici	mrRe):Z	tatutory Disclaime	er. \$130 f	99			130	
SUBMITTED BY		DJ							
Signature	(Attorney/Agent) 31,939						Telephone	972.664.9554	
Name (Print/Type)	ame (Print/Type) Rodney M. Anderson						Date 6 Oct 2005		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.